

COMMISSIONER FOR PATENTS
Mail Stop Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT APPLICATION
Date: October 1, 2003
File No. 0671.68504




Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): Aratani et al.

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

For: MAGNETIC HEAD TESTING APPARATUS

Oct. 1, 2003
Date


Express Mail Label No.: EV 032736998 US

Enclosed are:

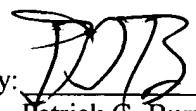
- (X) 19 pages of specification, including 6 claims and an abstract.
- () an executed oath or declaration, with power of attorney.
- (X) an unexecuted oath or declaration, with power of attorney.
- (X) 10 sheet(s) of informal drawing(s).
- () sheet(s) of formal drawings(s).
- () Assignment(s) of the invention to and Assignment Cover Sheet.
- () A check in the amount of \$ to cover the fee for recording the assignment(s).
- () Information Disclosure Statement, Form PTO-1449 and cited references.
- () Claim for Priority and Priority Document.

Fee Calculation For Claims As Filed

- | | | | | | | |
|--------------------------------------|----------|---|-----------|---|----------|-----------------------------------|
| a) Basic Fee | | | | | | \$ 770.00 |
| b) Independent Claims | <u>2</u> | - | <u>3</u> | = | <u>0</u> | x \$ 84.00 = \$ <u>0</u> |
| c) Total Claims | <u>6</u> | - | <u>20</u> | = | <u>0</u> | x \$ 18.00 = \$ <u>0</u> |
| d) Fee for Multiple Dependent Claims | | | | | | \$ 280.00 = \$ <u>0</u> |
| | | | | | | Total Filing Fee <u>\$ 770.00</u> |
- () Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to \$
 - (X) A check in the amount of \$ 770.00 to cover the filing fee is enclosed.
 - () Charge \$ to Deposit Account No. 07-2069.
 - () Other .
 - (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069.
A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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